

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		7/21/00
O.I.P.E. CLASSIFIER		21	8/1/00
FORMALITY REVIEW		<i>[Signature]</i>	10-11-00
RESPONSE FORMALITY REVIEW		<i>[Signature]</i>	11-25-00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/21/00
2	✓	✓	7/21/00
3	✓	✓	7/21/00
4	✓	✓	7/21/00
5	✓	✓	7/21/00
6	✓	✓	7/21/00
7	✓	✓	7/21/00
8	✓	✓	7/21/00
9	✓	✓	7/21/00
10	✓	✓	7/21/00
11	✓	✓	7/21/00
12	✓	✓	7/21/00
13	✓	✓	7/21/00
14	✓	✓	7/21/00
15	✓	✓	7/21/00
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18	✓	✓	7/21/00
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Best Available Copy

If more than 150 claims or 10 actions  
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